

Montana Board of Social Work Examiners and Professional Counselors
301 South Park, 4th Floor, PO Box 200513
Helena Montana 59620-0513
(406) 841-2369 FAX: (406) 841-2305
E-mail: dlibsdsdp@state.mt.us

APPLICATION PROCEDURES FOR CLINICAL PROFESSIONAL COUNSELOR LICENSE

PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

This application is used for the Montana Clinical Professional Counselor License, and licensure of individuals holding a current, valid counseling license in another state.

REQUIREMENTS FOR LICENSURE:

- Academic Requirements: A 60-semester hour or 90 quarter hour graduate degree. Graduation in a Counseling degree program from an accredited university that consists of 60 semester hours (or 90 quarter hours) that includes a six-semester advanced counseling practicum. Please arrange to have your official graduate transcripts sent directly to the board office from your school. The Board office has a holding file for transcripts received before the actual licensing application file is made.
 1. An individual may make application if the counseling degree awarded is a minimum of 45 semester hours (or 67.5 quarter hours). However, the individual will have to go back to school and take courses for the remainder of the 60-semester hour requirement. The classes must be graduate level counseling courses from an accredited institution. A formal transcript will be accepted as proof of attendance.
- Supervised Experience Hours: 3,000 supervised experience hours, completed by the time of application. A minimum of 1,500 hours may be done pre-degree; a minimum of 1,500 hours must be post-degree. A licensed counselor, social worker, psychologist or psychiatrist must provide the supervision. 1,000 of the 1,500 must be direct client contact. Practice hours are engaging in the practice of counseling as defined in the statutes: 37-23-102(3), MCA. Effective as of 3/26/01, applicants starting the supervised experience hours on or after that date must comply with 8.61.1201, ARM.
- Reference/Nomination Letters: Three (3) letters are required, dated within three months of the application date. The reference/nomination letters must be provided by individuals with master's degrees or higher in the mental health care profession. These individuals should be able to attest to the applicant's aptitude and performance in the profession. The Board office has a holding file for letters received before the actual licensing application file is made. You may use the Reference/Nomination Letter Sample Format supplied.
- Application Forms: Application must be made on Montana's forms. All forms in the packet must be completed. **No other State's licensing application forms will be accepted as a substitute.**

FEES FOR LICENSURE

- The Application Fee is \$50.00 and must accompany the application.
- The Examination Fee is \$120.00 and must be paid directly to NBCC with the test application form that is received AFTER Board approval of the application.
- The Original License Fee is \$50.00 and is paid upon notice of a passing score on the examination. If licensing without exam, the applicant is notified that the Original License Fee is to be paid upon approval of application. In either case the applicant is licensed as of the date of completion of all requirements and receipt of original license fee.

Make check or money order payable to the Board of Social Work Examiners & Professional Counselors
DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation are required. **A license will not be issued until all materials are received and approved.**

1. Application form, completed, signed and notarized.
2. Evaluation of Supervisory Experience form, section one completed and signed by applicant, and section 2 completed and signed by supervisor with signature notarized.
3. Summary Sheet, All categories need to be completed with credit hour totals, signed by academic advisor (please indicate quarters or semesters.) Official transcripts do not take the place of this form.
4. Official graduate transcripts, showing 60 semester hours, including the advanced counseling practicum Transcripts must be sent directly from the school to the Board Office.
5. Three reference letters, from individuals as explained above.
6. Jurisprudence Examination.
7. Verification of Licensure, if applying by licensure from another state, from each state in which you currently hold or have ever held a license.
8. Application deadline Please note that the Board's application deadline date is two weeks before the board meeting date. NBCC's examination deadline date is 30 days before the scheduled examination. An application must be reviewed and approved before the applicant can register for the examination.

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& PROFESSIONAL COUNSELORS**
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www.discoveringmontana.com/dli/swp

FOR OFFICE USE ONLY

Application:
Date Received: _____
Check No. _____
Amount _____

Original License:
Date Received _____
Check No. _____
License No. _____
License Date _____

Place Current
Photograph
Here

APPLICATION FOR LICENSURE AS CLINICAL PROFESSIONAL COUNSELOR

Application by: ☐ **Examination** ☐ **Reciprocity**

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip Country

5. HOME ADDRESS _____
Street or P.O. Box # City and State Zip Country

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME _____
(State your name, as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation from your physician. ☐ Yes ☐ No

11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No

12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

13. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. ☐Yes ☐No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐Yes ☐No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. ☐Yes ☐No
17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐Yes ☐No
18. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐Yes ☐No
19. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐Yes ☐No
20. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐Yes ☐No
21. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐Yes ☐No
22. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐Yes ☐No

23. EDUCATION:

List all colleges, universities, and institutions where you have obtained an official degree

College/University	Degree Obtained	Date Degree Awarded

24. REFERENCES OF CHARACTER AND QUALIFICATIONS

Counselor Applicants will give the name, address, and license number of not less than three (3) reputable citizens, unrelated to the applicant, who can verify the character of the applicant.

Name/Relation	License #	Address	Business
1.			
2.			
3.			

25. MEMBERSHIPS IN SOCIETIES, ASSOCIATES OR INSTITUTIONS, IF ANY

Name of Organization	Location	Grade of Membership	Dates

26. RESUME OF EXPERIENCE

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE: _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE: _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE: _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE: _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE: _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

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YOU MAY MAKE AS MANY COPIES OF THIS FORM AS YOU NEED

EVALUATION OF SUPERVISORY EXPERIENCE - SECTION ONE

NOTE Supervisor must be a licensed psychiatrist, psychologist, social worker or professional counselor.
THESE FORMS MUST REFLECT THE ENTIRE EXPERIENCE REQUIREMENT OF 3,000 HOURS

_____ is applying for a license to practice counseling in the State of
(Name of Applicant)
Montana. The Board of Social Work Examiners and Professional Counselors requires submission of information
by the supervisor(s) which will enable the Board to evaluate the extent and quality of the candidate's supervised
experience.

To be completed by applicant:

A. Name of Supervisor _____

B. Address of Supervisor _____

C. Name and nature of setting in which supervised practice took place:

D. Dates of practice at this setting _____

E. Total number of supervised practice hours during this period _____
(How many hours did you work)

F. Number of supervisory hours during this period _____
(How many hours did you spend face-to-face with your supervisor)

G. Post-Degree Direct Client Contact Hours {8.61.1201(b)(i)} _____

No more than 250 client contact hours may be in a group or co-facilitative counseling situation. 1,000 hours must be direct client contact.
The applicant must receive a minimum of one hour of face-to-face supervision and consultation for every 20 hours of work experience. No
more than 80 hours of work experience may transpire without receiving the required hours of supervision and/or consultation. Less frequent
supervision may take place only with prior approval of the licensure board. Any hours earned without appropriate supervision will not be
counted towards licensure.

H. Describe the nature of applicant's duties _____

I. Describe the nature of supervision provided _____

(Signature of Applicant)

Date

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EVALUATION OF SUPERVISORY EXPERIENCE – SECTION TWO

Name of Applicant: _____

TO BE COMPLETED BY SUPERVISOR:

J. Please state the quality of the applicant's performance during the supervised practice period

K. I have reviewed the applicant's statements. They are ____ are not ____ substantially correct.

Title at time of supervision _____

Type of professional license _____

State of license _____

Professional license number _____

Note: Supervisor must hold a state license in the mental health care field (social worker, counselor, psychologist, or psychiatrist) to insure acceptance of your supervisory hours.

(Signature of Supervisor) Date

Subscribed and sworn to me by this ____ day of _____, _____

At _____
City and State

SEAL

Notary Public

For the State of

My commission expires _____, _____.

Please return both Section One and Section Two of the Evaluation of Supervisory Experience to the Board address listed above.

Supervisor must attest to the above under penalty of law. Falsification or misrepresentation of any of the above may be considered misrepresentation and a violation of professional ethics, which may result in discipline of the supervisor's license.

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ACADEMIC SUMMARY SHEET

Transcripts will not be accepted in lieu of this form. Both this form and official transcripts must accompany the application - otherwise the application will be considered incomplete and will not be reviewed.

Instructions:

1. All applications must comply with section 37-23-202, MCA; ARM 8.61.1201, as well as all other applicable statutes/rules.
2. The planned graduate program course list will be used by the Montana Board of Social Work Examiners and Professional Counselors to cross-reference those courses being submitted with your application.
3. All courses must be graduate level from a college or university accredited to offer a graduate program in counseling by various associations of colleges and secondary schools.
4. If a course title is not clearly indicative of Board content areas, attach college catalog description or course syllabi indicating that specific material was included.
5. If a course is utilized for more than one content area, do not duplicate credit hours. Place an asterisk * in credit hours column for second listing of course.
6. Applicant shall submit written verification (transcripts) from the registrar of the school or other person deemed satisfactory by the Board, that the applicant has completed courses in the required subjects.
7. Date Student was admitted to the graduate program_____

APPLICANT'S NAME _____ ADVISOR'S SIGNATURE_____

CONTENT AREAS	COURSE #	TITLE	COLLEGE/UNIVERSITY	CREDIT HOURS - SEM. OR QTR.
Counseling Theory				
Counseling Techniques				
Supervised Experience				
Human Growth & Development				
Social & Cultural Foundations				
The Helping Relationship				
Groups				
Life-Style & Career Development				
Appraisal				
Research & Evaluation				
Professional Orientation				
Advanced Counseling Practicum				

TOTAL CREDITS (Please indicate SEMESTER OR QUARTER hours) _____
You can list other courses on the back of this form. Please Total

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PROFESSIONAL COUNSELOR SUPERVISORY AGREEMENT

1. SUPERVISOR NAME: _____
QUALIFICATIONS: _____ LICENSE NO _____
2. APPLICANT: _____
3. Duration and termination of supervision: Beginning date: _____ Ending date: _____
4. Financial compensation (if any) _____
5. Frequency and Method of Supervision: (hours per week or month; where the supervision takes place; how the supervision was delivered, etc.

STATEMENT OF CONFIDENTIALITY: THIS FORM IS TO BE REVIEWED BY THE BOARD MEMBERS ONLY FOR THE PURPOSE OF MEETING THE MONTANA PROFESSIONAL COUNSELOR LICENSURE REQUIREMENTS AND IS NOT PUBLIC INFORMATION.

The Supervisor shall:

1. Be a qualified supervisor as determined by the Board and provide verification of this qualification to the supervisee. The supervisor shall maintain this credential for the duration of the supervision.
2. Provide supervision on the agreed-upon basis.
3. Provide a reference letter as specified in 37-23-202(1)(d), MCA and 8.61.1202(1)(c), ARM.
4. Conduct supervision with a focus on the supervisee's clinical work and professional development.
5. Conduct supervision as a professional endeavor, making a reasonable effort to ensure the supervisee's competence in practice.
6. Conduct supervision according to the Code of Ethics.
7. Complete the supervisor's portion of the Evaluation and Verification of Supervised Experience form.

The Applicant shall:

1. Attend supervision on the agreed upon basis.
2. Keep a Counselor Supervision Log for reference.
3. Provide appropriate clinical material for supervision, which is representative of the supervisee's practice or of the specialty where more guidance and direction is needed..
4. Participate in supervision with a goal of increasing competency in clinical counseling practice and in accordance with the Code of Ethics
5. Request an on-going and final evaluation of clinical counseling skills from the supervisor.

Applicant's Signature _____ Date _____

Print Name: _____

Supervisor's Signature _____ Date _____

Print Name: _____

AFFIDAVIT

PLEASE READ CAREFULLY

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Social Work Examiners and Professional Counselors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Clinical Professional Counselor license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Social Work Examiners and Professional Counselors.

Legal Signature of Applicant

Date

Subscribed and sworn to me by this _____ day of _____, _____

At _____
City and State

SEAL

Notary Public

For the State of

My commission expires _____, _____.

LICENSED CLINICAL PROFESSIONAL COUNSELOR JURISPRUDENCE EXAMINATION

THIS EXAM MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE

APPLICANT NAME: _____

This application examination is an integral part of the application process. All answers are found within the Laws and Rules located on our web site at: www.discoveringmontana.com/dli/swp Specific Board Statutes/Department Statutes/ Board Rules and Rule Notices

ALL QUESTIONS MUST BE ANSWERED CORRECTLY

- _____ 1. How many days does a licensee have to respond to a notice that a complaint has been filed against them?
- _____ 2. How many recommendation/nomination letters must accompany a license application?
- _____ 3. What is the length of time before a non-renewed license automatically expires?
- _____ 4. What is the minimum number of semester credits required in a planned graduate program?
- _____ 5. How many hours of “supervised experience” must be completed after the graduate degree is awarded?
- _____ 6. What is the maximum amount of time allowed for a license to maintain “inactive” status?
- _____ 7. What is the ratio of supervision hours versus hours of experience in an advanced counseling practicum class?
- _____ 8. How many credits may an applicant transfer from a non-qualifying degree program to a qualifying degree program?
- _____ 9. How many semester credits in an “advanced counseling practicum” must an applicant have earned during their degree program?
- _____ 10. What is the name of the most prominent diagnostic manual now in use by mental health professionals?

- _____ 11. How much time must expire after the termination of the counselor/client relationship before a counselor may ethically engage in a sexual relationship with a former client?
A. 24 months B. 12 months C. 18 months
- _____ 12. What is the minimum total number of hour of direct supervision an applicant must receive during their postgraduate supervised experience?
A. 100 hours B. 350 hours C. 75 hours
- _____ 13. What is the total number of continuing education training hours must a licensee obtain each year?
A. 25 hours B. 20 hours C. 30 hours
- _____ 14. What is the number of licensure board members on the Complaint Screening Panel?
A. Three B. Five C. Two
- _____ 15. How many CE hours are allowed to be carried over from one renewal cycle to another?
A. 15 hours B. 10 hours C. 20 hours

TRUE/FALSE

- _____ 16. A previous criminal conviction automatically bars a person from applying for a professional counselor license in the State of Montana.
- _____ 17. Only a licensed professional counselor or licensed mental health professional may provide supervision for an applicant's postgraduate supervised experience.
- _____ 18. A licensee may provide counseling services to a client with which they have had a sexual relationship as long as there has been at least 24 months since the termination of the relationship.
- _____ 19. A licensee must make a full disclosure of all fees prior to the start of any services to a prospective client.
- _____ 20. Montana provides for automatic reciprocity for any applicants who are licensed in another state.

Professional Counselor Reference/Nomination Letter Format

DATE _____
(Should be within three months of application date)

TO: Montana Board of Social Work Examiners and Professional Counselors
301 SOUTH PARK, 4TH FLOOR
PO Box 200513
Helena, MT 59620-0513

RE: Professional Counselor Licensure Application of _____
(Applicant's Name)

Dear Board Members:

I do {do not} recommend (or nominate) _____
(Name of applicant)

Reasons for nomination/recommendation: _____

I am licensed as a _____, license number: _____,
(Mental Health Professional, i.e., SW, LCPC, Psychologist, Psychiatrist, Medical Doctor, etc.)

My degree is _____
(Master's or Doctorate - must be a graduate level degree in the Mental Health Care Profession)

Signature Telephone (during working hours)

(please print name)

Address City State Zip

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VERIFICATION OF LICENSURE for SOCIAL WORK & PROFESSIONAL COUNSELING

PART I - Applicant: Complete the top of this page and forward to each state in which you currently hold or have ever held a license.

NAME (LAST, FIRST, MIDDLE, MAIDEN) _____

CURRENT STREET ADDRESS _____
Mailing Address City State Zip

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

NAME AS IT APPEARS ON ORIGINAL LICENSE _____

Original State of Licensure:	Date Issued:
Current State of Licensure:	Date Issued:
Other States Licensed:	

PART II: Licensing Board: Please complete and return to the Montana Board at the address listed at the top of this form.

	LICENSE #	DATE ISSUED	EXPIRATION DATE
PROFESSIONAL COUNSELOR	_____	_____	_____
SOCIAL WORKER	_____	_____	_____
OTHER LICENSE	_____	_____	_____

EXAMINATION SCORES: Applicant's score: _____ Cut off score: _____

COUNSELING: NCE _____ NCMHCE: _____ OTHER: _____

SOCIAL WORK: ASWB CLINICAL _____ ADVANCED _____

Has any disciplinary action been taken against the licensee? _____ (If so, please attach an explanation)

Are they are complaints and/or legal action pending against the licensee? _____ (If so, please attach an explanation)

Signature _____ Title _____

BOARD SEAL

Name of Licensure Board _____

Telephone # _____ Date _____